



Department
of Health

2017

Annual Report



Public Health in New York State

Contents

- 1 Message from the Commissioner**
- 3 Preventing the Spread of Disease**
- 7 Responding to Environmental Threats**
- 10 Promoting Health and Wellness**
- 13 Building Healthy Communities**
- 15 Improving the Delivery of Care**
- 18 Appendix A: About the Department**
- 19 Appendix B: Organizational Chart**
- 20 Appendix C: Regional, District,
and Field Offices**
- 21 Appendix D: Publications**

Message from the Commissioner



What makes New York State a great place to live? “Exceptional commitment to public health” may not be the first words out of everyone’s mouth, but they perfectly summarize the mission of the New York State Department of Health.

The Department strives to both protect and improve public health with every action. From preventing the spread of infectious diseases to keeping residents safe from environmental threats. From ensuring that residents have continued access to essential health benefits and reproductive health services to ensuring that healthcare facilities are following critical safety standards and providing evidence-based treatments. In all we do, we strive to make New Yorkers of all ages the healthiest people in the world.

We saw the fruit of these efforts in 2017, when the AARP and the World Health Organization designated New York as the nation’s first age-friendly state. We moved ahead on many public health fronts in 2017, and I am pleased to summarize our achievements in this report.

Fueling much of our work is New York State’s Prevention Agenda – a blueprint for reducing health disparities – and Governor Cuomo’s Health Across All Policies initiative, directing every State agency to include health and healthy aging in its policy-making. I am proud to co-chair this initiative.

Health equity reports compiled by our Office of Minority Health and Health Disparities Prevention helped New Yorkers learn about health outcomes in their own neighborhoods. Other avenues for reducing health disparities include the healthy homes initiatives within our Center for Environmental Health, our participation in Vital Brooklyn, and the new Bureau of Social Determinants within the Medicaid program.

The Department remained busy protecting New Yorkers from the spread of disease. We accomplished this through rigorous testing and award-winning research at Wadsworth Center and through our rapid response to outbreaks of preventable diseases like mumps and hepatitis A. We continued to make progress on eradicating old enemies: the number of people newly diagnosed with HIV in New York State fell to historic lows in 2017.

We mobilized to fend off environmental threats from algal blooms in water bodies to *Legionella* to lead. We reached out to Puerto Rico to help ensure health and safety after Hurricanes Maria and Irma. We advanced initiatives to combat opioid addiction, increase organ donation, prevent breast cancer, and expand the medical marijuana program.

We worked harder to enroll more New Yorkers in quality health insurance programs, seeing a 39% increase in 2017 enrollment in plans offered by the New York State of Health Marketplace. We worked to modernize the policies and regulations that govern the licensure and oversight of healthcare facilities to improve efficiencies systemwide for considerable future return on investment.

These and many other accomplishments were brought to you by the Department of Health’s dedicated staff – your fellow residents – who never stop striving to improve the health and wellbeing of their neighbors and communities. I am grateful for their expertise, as I am for the many stakeholders who participate in our advisory committees.

Public health is a shared investment that grows in value as it becomes more comprehensive. It lies at the foundation of everything great about New York State. I consider nothing in this report a standalone achievement but the first rung in the ladder to better outcomes, better systems, and better health for all.

Howard Zucker, M.D.

Howard A. Zucker, MD, JD

Commissioner

New York State Department of Health

Public Health is...



World-Class Research Is Happening Here

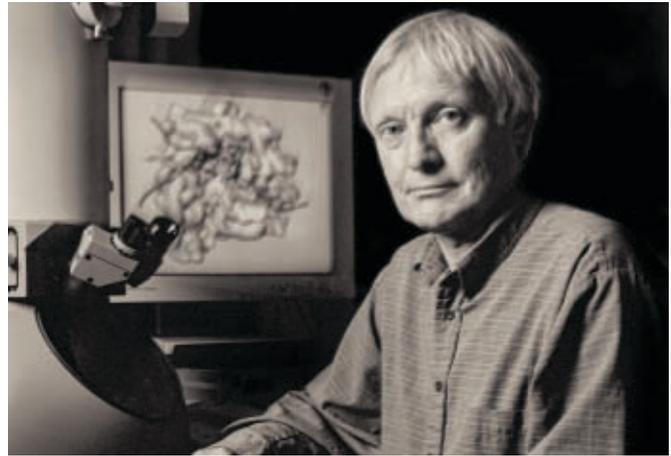
As a premier reference laboratory and a research hub that has resulted in more than 100 patents over the past 25 years, Wadsworth Center performs the complex analyses that hospital and commercial labs cannot do – everything from screening newborns for 47 treatable conditions to testing to detect infectious diseases and environmental toxins to responding to emerging threats like pandemic influenza.

In 2017, Wadsworth staff worked around the clock to test public water supplies affected by harmful algal blooms and develop new methods for testing samples for perfluorinated chemicals (PFCs). Later in the year the staff stood ready to help Puerto Rico with newborn screening after Hurricane Maria.

The Department was extremely proud to learn that a longtime Wadsworth scientist, Joachim Frank, shared the 2017 Nobel Prize in Chemistry. Joining Wadsworth in 1975, Dr. Frank performed 33 years of basic research that is having paradigm-shifting implications in many fields of biology. He moved to Columbia University in 2008.

New York Takes Regional Lead in Preventing Foodborne Diseases

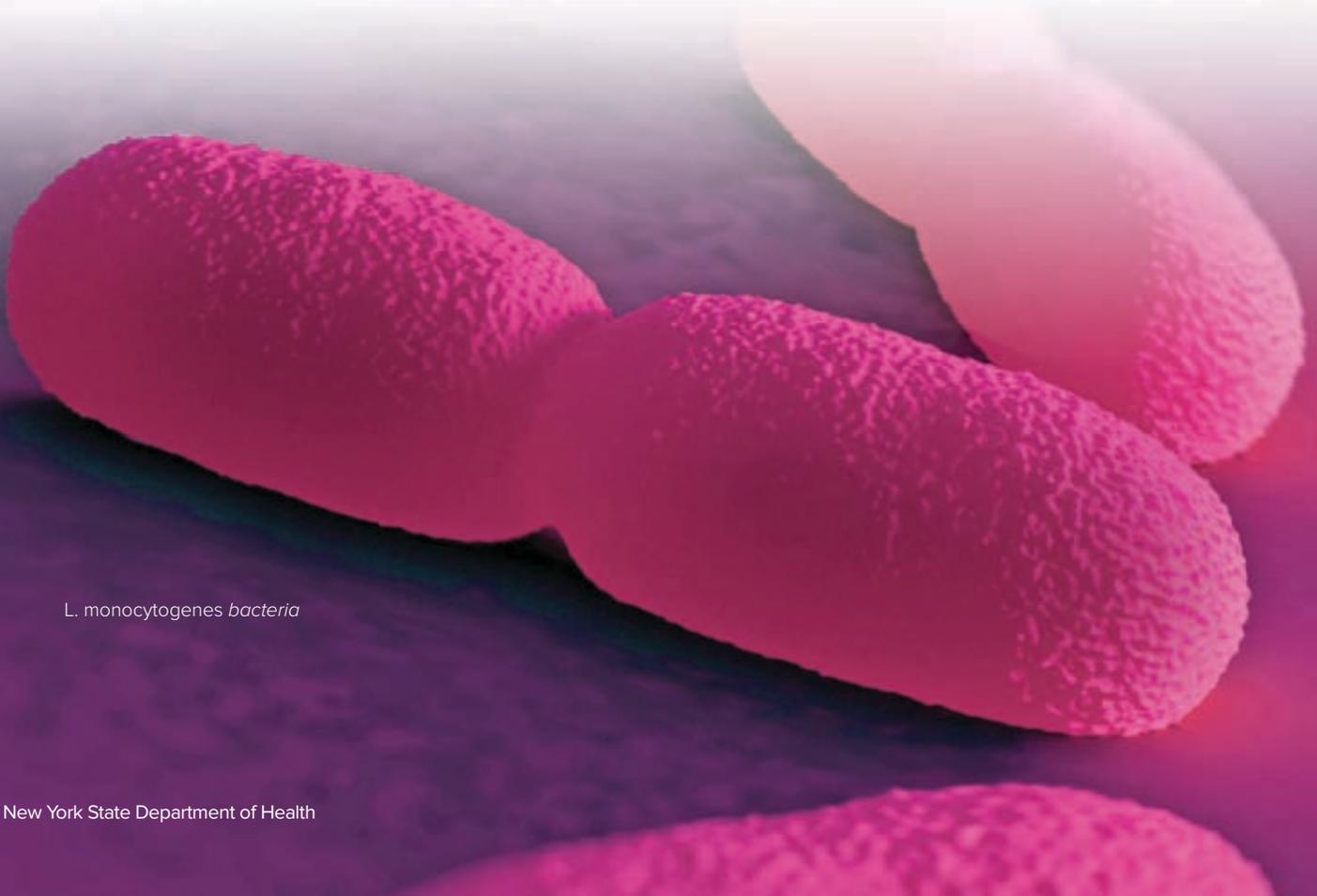
With roughly 1 in 6 Americans sickened by foodborne diseases each year, the U.S. Centers for Disease Control and Prevention (CDC) has identified food safety as a significant public health concern. On average, 128,000 Americans are hospitalized each year and 3,000 die.



Dr. Joachim Frank

The CDC's efforts to enlist regional leaders to respond to and solve outbreaks of foodborne illness led to a new role for the Department in 2017 – a CDC-designated Integrated Food Safety Center of Excellence in partnership with Cornell University. This designation recognizes the Department and Cornell as leaders in epidemiology, environmental health, laboratory science, information technology, public health quality improvement, and food safety science.

The duo works with 11 Northeast states as well as local public health partners to create a regional model for food safety improvement, investigating outbreaks, quickly stopping disease spread, and determining how best to prevent the next outbreak.



L. monocytogenes bacteria

Groundbreaking Protocols for Reducing Sepsis

Each year more than 200,000 Americans die from sepsis, a progressive shutdown of the body's organs and systems caused by systemic inflammation following infection that enters the blood or soft tissue. As the leading cause of death in hospitals and the eleventh leading cause of death in the United States, sepsis is a huge driver of medical costs, accounting for an estimated \$17 billion annually in national healthcare expenses.

New York State has achieved a consistent reduction in sepsis mortality rates as a result of groundbreaking 2013 legislation – Rory's Regulations – establishing first-in-the-nation protocols for hospitals to improve identification and treatment of sepsis. The regulations were named for 12-year-old Rory Staunton, who died of sepsis in 2012.

Between 2014 and 2016, a Department study of quarterly data found that mortality rates in adults steadily declined from 30.2% to 25.4%.

The Department continues to increase the hospital compliance rate and is working with the Sepsis Advisory Group to further explore the specific clinical practices and delivery systems that have been most successful.



Sepsis mortality rates have been steadily declining in New York since 2013.



PrEP outreach has helped those most at risk for HIV get the medication, not the infection.

Continuing Progress on HIV

The number of people newly diagnosed with HIV in New York State continues to fall to historic lows. In 2017, 2,769 persons in the State were newly diagnosed with HIV, a decrease of 39% from 2009, when that number was 4,558. Also in 2017, New York met the CDC's definition for elimination of mother-to-child transmission (MTCT) of HIV. This is the first time that the State has met the goal for three consecutive years.

Thanks to Department initiatives that expanded access to PrEP medication – a way for those who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day – the number of persons accessing PrEP in New York State continues to increase significantly. Prescription data indicate that more than 24,000 New Yorkers filled at least one prescription for PrEP in 2017.

The number of Medicaid recipients taking PrEP medication has increased more than 24 times since 2012.

Evidence confirms that there is negligible risk of HIV transmission from a person living with HIV who is on antiretroviral therapy and has achieved an undetectable viral load in their blood for at least 6 months. The broader HIV-affected community refers to this as “Undetectable = Untransmittable,” or U = U. Ours was the first state health department to endorse the Prevention Access Campaign Consensus Statement on U = U, which was followed swiftly by endorsement by the CDC.

Preventing *Candida auris* Infection

Throughout 2017, the Department worked extensively with hospitals, nursing homes, and healthcare leaders in New York City and surrounding areas to respond to *Candida auris* (*C. auris*), a fungal infection that is frequently resistant to antifungal medications and can cause severe illness in patients with serious underlying medical conditions.

In 2017, New York State recorded 126 clinical cases and 149 screening cases of confirmed or probable *C. auris* involving more than 100 New York State facilities. The Department provided guidance to hospitals and nursing homes, conducted onsite reviews in New York City facilities, hired additional staff for surveillance, held roundtable discussions, and convened a 1199 SEIU union summit on environmental cleaning procedures. A pilot project was implemented to test the benefit of screening for *C. auris* on facility admission in high-risk areas.

Controlling Vaccine-Preventable Diseases

The Department of Health quickly mobilized in 2017 to contain outbreaks of mumps in Onondaga County and of hepatitis A in Westchester County.

The Department worked closely with the Onondaga County Department of Health and Syracuse University (SU) to address a campus mumps outbreak with 149 confirmed or probable cases. The outbreak was contained to the SU campus, with only five cases identified outside. With Onondaga County and SU, the Department implemented five large vaccination Points of Dispensing and several smaller clinics to provide a third dose of measles, mumps,

and rubella (MMR) vaccine to students, per CDC guidance. More than 4,760 doses were administered.

In Westchester County, the Department investigated six cases of hepatitis A associated with a Port Chester restaurant. Post-exposure prophylaxis (PEP) with HepA vaccine or immune globulin (IG) effectively prevents hepatitis A infection when administered within 2 weeks of exposure. More than 3,300 people who ate at the restaurant during the exposure period received PEP through clinics supported by the Department and in partnership with local health departments.



C. auris yeast



Responding to Environmental Threats

Keeping Our Water Safe in a Changing Climate

With the Clean Water Infrastructure Act of 2017, New York State pledged to invest a record \$2.5 billion in drinking water and wastewater infrastructure to maintain healthy communities. Funding focuses on regional and watershed-level projects, encourages consolidation and sharing of water and wastewater services, and offers additional support for the state Superfund program.

Every day of the year, the Department of Health works with other State agencies to keep our water safe. Whether it's testing for harmful chemicals in drinking water, mobilizing the statewide Water Quality Rapid Response Team for quickly investigating environmental threats, replacing lead service lines for residents, combatting outbreaks of Legionellosis, or helping to maintain public health after hurricanes or flooding, we ensure the safety of this critical natural resource for public health.

Leading the Way on Drinking Water Safety Standards

Ensuring that New York State communities have the technology and support they need to protect our drinking water is a top priority for the Department. In the absence of response from the U.S. Environmental Protection Agency, the Department initiated efforts in 2017 to establish our own maximum contaminant levels (MCLs). Governor Cuomo and the Legislature created the 12-member Drinking Water Quality Council in September to formulate recommendations on establishing MCLs for PFOA, PFOS, and 1,4-dioxane.

Meanwhile, at the community level, blood testing initiatives continued in response to perfluorinated chemicals (PFCs) in drinking water supplies.

After collecting questionnaire data and testing PFOA levels in blood for 3,400 Hoosick and Petersburgh area residents in 2016, we continued our data analysis and shared information about individual and group-level results in 2017.

Blood testing continued in Newburgh throughout 2017, with more than 3,700 area residents tested for PFOS, PFOA and other types of PFCs. In Westhampton, Long Island, the Department collected interview data and conducted blood tests for PFOS and PFOA for residents served by private wells who lived near the Gabreski Air National Guard base.

Water Quality Rapid Response Team

The statewide Water Quality Rapid Response Team was created by Governor Cuomo in 2016 to strengthen the state's existing drinking water, groundwater, and surface water protection programs and conduct enhanced testing and oversight of drinking water systems, including private wells. The team rapidly addresses locally identified water quality issues, tackling matters ranging from currently regulated contaminants, such as lead, to emerging unregulated contaminants like PFOA.

The team also monitored harmful algal blooms (HABs) in Upstate lakes that serve as sources of drinking water. In 2017, HABs caused more than 100 beaches to close for at least part of the summer. Skaneateles Lake, the source of unfiltered drinking water for Syracuse and other communities, was threatened by HABs for the first time.

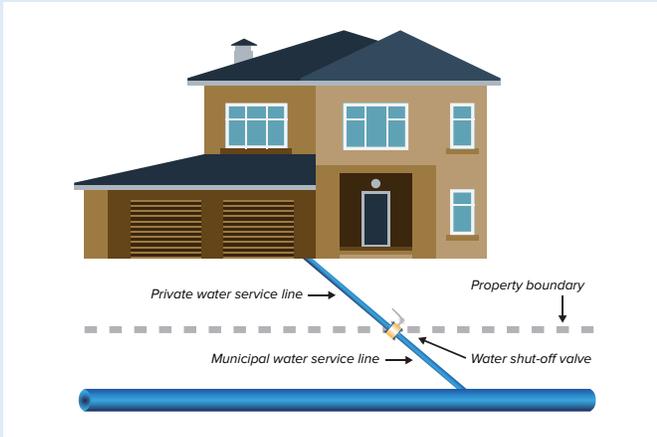
Though the team found that the finished drinking water in these communities was not impacted, it identified a larger need to understand the causes of HABs to be able to better control them.

Replacing Lead Service Lines

Drinking water can be a source of lead exposure when lead-containing service lines corrode, especially when the water has high acidity or low mineral content. "Service lines" include pipes as well as brass or chrome-plated brass



Blue-green algal bloom floating mats



faucets and fixtures with lead solder. The EPA estimates that drinking water contaminated with lead can contribute to 20% or more of an individual's total lead exposure.

As part of the Clean Water Infrastructure Act of 2017, New York State created the Lead Service Line Replacement Grant Program (LSLRP), providing \$20 million for the replacement of lead service lines. LSLRP is the latest initiative in the State's efforts to reduce exposure to lead, including the mandate for lead testing and remediation for drinking water in public schools and public notification of results.

Combatting Legionellosis

Legionella bacteria can cause a serious type of pneumonia called Legionnaires' disease as well as a less serious illness called Pontiac fever. Most at risk are adults over age 50 and those with weakened immune systems. The bacteria spread through the inhalation of mist, such as from cooling towers and hot tubs, particularly in susceptible hospital patients and nursing home residents.

In 2015, the Department adopted first-in-the-nation inspection regulations to detect and control legionellosis. These regulations focus on the sources of *Legionella* that pose the highest risk to New Yorkers and include routine testing of potable water systems in general hospitals and residential healthcare facilities, where 57% of legionellosis cases originate and which account for 85% of legionellosis-related fatalities.

Between 2014 and 2016, an average of 439 cases of *Legionella* (outside of New York City) were reported annually. In 2017, the Department investigated legionellosis cases throughout the state, including outbreaks originating at the Plaza Rehab and Nursing Center in the Bronx, the Hebrew Home in Riverdale, Eastern Niagara Hospital in Lockport, Erie County Medical Center, Sky View Rehabilitation and Health Care in Croton-on-Hudson, and Wesley Health Care Center in Saratoga Springs.

Helping Hurricane Victims

After the devastation of Hurricanes Irma and Maria in August and September, the Department operated a Call Center to help evacuating residents of Puerto Rico find necessary public health services while in New York State. The Call Center received over 800 calls.

Additionally, the Department coordinated with the Hospital Association of New York State, Community Health Care Association of New York State, and the Greater New York Hospital Association to deploy two 78-member health and medical teams to Puerto Rico during October and November.

These teams served in various locations – including hospitals, shelters, and a hospital ship (the USNS *Comfort*) – and supported field operations with the non-profit Americares. The New York State teams provided direct medical care to more than 11,000 people.



Hurricane Maria devastated Puerto Rico in September 2017.

Promoting Health and Wellness

Addressing Challenges, Offering Hope and Relief

The Department of Health strives to help New Yorkers become the healthiest people in the world. In addition to protecting our residents from diseases and environmental threats, we want to ensure that they are supported when facing drug dependency; are given every opportunity for prevention and early detection of cancer, the state's second leading cause of death; have life-saving options should they need a donated organ; and have access to medical marijuana as a treatment option for serious and intensely painful medical conditions. Optimal health is our baseline, but we also seek to encourage a culture of wellness that can improve health outcomes for generations.

Preventing Opioid Deaths

Preventing opioid overdoses and helping those with Opioid Use Disorder find effective treatment remain Department priorities. As of 2017, we have registered more than 500 opioid overdose prevention programs throughout the State. These programs train individuals on how to administer naloxone. In 2017, 112,430 naloxone kits were distributed, and 4,100 naloxone administrations were reported to the Department.

In 2017, the Department negotiated with Adapt Pharma to purchase the only FDA-approved intranasal naloxone device at a lower price. We also implemented the Naloxone Co-payment Assistance Program (N-CAP), which covers copayments up to \$40 for individuals with prescription coverage as part of their health insurance plan. This minimizes copays for individuals getting naloxone at New York State pharmacies, over 2,600 of which have standing orders in place to dispense naloxone without a prescription.

The Department's interagency Opioid Surveillance Workgroup developed county-level reports describing the burden of the opioid crisis as well as a comprehensive website providing the most recent data and trends over time.

The Department also supports programs that address the full continuum of services needed to address Opioid Use Disorders, including the 23 syringe exchange programs. In 2017, the Department established a Buprenorphine

Working Group and increased the number of Drug User Health Hubs to 11 statewide. Drug User Health Hubs improve the availability and accessibility of an array of appropriate health, mental health, and medication for addiction treatment services for people who use drugs, especially (but not solely) people who inject drugs.

Increasing Organ Donation Rates

The New York State Donate Life Registry strives to connect the nearly 10,000 New Yorkers currently in need of life-saving organ transplants with donor organs. In 2017, Governor Cuomo and the Department made a big push to increase Registry enrollment rates.

The Governor signed an Executive Order directing the Department to work with all State agencies to provide the public with additional opportunities to become an organ donor through the Registry. The Department worked with the New York Alliance for Donation to give the decade-old Registry website a new look and make it more integrated with social media. A law took effect that lowers the age of donation consent to 16. And for the first time in eight years, new organ transplant programs were approved, including the first-ever heart transplant program on Long Island.

These actions served to increase the number of registered organ donors. In 2017, more than 500,000 New Yorkers registered, bringing the statewide total to a historic high of 4.8 million.



We made the Donate Life Registry more social-media-friendly in 2017.

Cancer Prevention

Each year, over 110,000 New Yorkers learn they have cancer, and about 35,000 succumb to the disease, making it New York's second leading cause of death. In 2017, the Department followed through on its commitment to increasing access to potentially life-saving breast cancer screening and diagnostic services and began studying New York regions with higher rates of certain cancers.

To help women with transportation issues gain access to state-of-the-art screening tests, the Department provided funding to six contractors to set up a fleet of mobile mammography vans outfitted with 3D mammography equipment. Three-D mammography makes it easier for doctors to catch breast cancer early and helps them catch more types of cancers, which is especially helpful for women with dense breast tissue.

At the request of the Governor, the Department announced that it is launching a review to better understand factors that contribute to higher rates of cancer in four areas of New York State – Warren County, Staten Island, and parts of Western New York and Long Island.

The Department studied cancer patterns, trends, and potential causes to determine any correlation with demographic, socioeconomic, behavioral, or occupational factors and consulted with the Department of Environmental Conservation regarding potential environmental threats.

Medical Marijuana Program

The New York State Medical Marijuana Program continued to expand patient access to this alternative treatment option for those with serious medical conditions. In 2017, the number of certified patients in the program more than tripled.

The program added chronic pain and post-traumatic stress disorder as qualifying conditions and authorized five additional registered organizations to manufacture and dispense medical marijuana in New York State. This authorization not only expanded geographic access; it also made products more affordable through competition and increased the variety of products available.

The Medical Marijuana Program additionally streamlined the practitioner registration process and shortened the required coursework from four hours to two – moves that nearly doubled the number of participating practitioners in 2017.

The program increased the types of medical marijuana products that registered organizations may offer and welcomed prospective patients and practitioners to visit dispensing facilities to speak directly with registered organization representatives, learn about products, and find more information about the Medical Marijuana Program.



Mobile mammography vans offer technology that helps doctors catch more types of cancers.

Photo courtesy Stony Brook Cancer Center

Building **Healthy Communities**

Removing Disparities for Better Outcomes

The Department of Health continues to explore effective new approaches to reducing health disparities across New York State. Research has shown that addressing social determinants of health – the conditions in which people are born, live, grow, work, and age – improves health outcomes and costs less than medical interventions.

Through New York’s Prevention Agenda, its Health Across All Policies initiative, and targeted programs in Brooklyn, the Department of Health is changing the health and wellness landscape statewide – and the effort is yielding quantifiable results. We have consistently improved in the annual *America’s Health Rankings* report, reaching the top ten list of healthiest states in 2017.

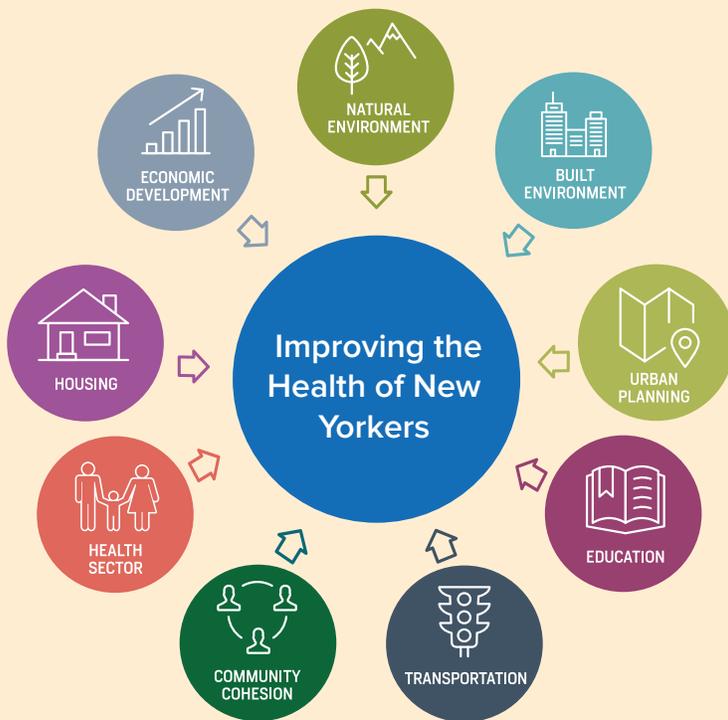
Empowering Partners to Reduce Health Disparities

Research has shown that as much as 90% of an individual's overall health is determined by social, environmental, and behavioral factors, with only 10% determined by medical care. Lack of investment in addressing social determinants of health results in exorbitant spending on medical care in the United States and exacerbates health disparities.

In 2017, Governor Cuomo tasked the Department with leading several initiatives to confront social determinants of health and reduce these disparities.

Health Across All Policies

Through Health Across All Policies, the Department is leading a charge to integrate health considerations into policymaking among all New York State agencies. This collaborative initiative asks non-health partners working on housing, transportation, education, environment, parks, and economic development to consider impacts on population health during the planning process.



Used with permission from The New York Academy of Medicine

Age-Friendly New York

New York State's commitment to establishing age-friendly communities has been recognized by both national and global organizations. The AARP and the World Health Organization have designated New York the first age-friendly state in America.

In 2017, Governor Cuomo built on this solid foundation by declaring healthy aging as a priority in all State agency policymaking. Healthy aging is one of five areas of focus of New York State's Prevention Agenda, a blueprint to reduce health disparities and improve the health of all New Yorkers. The State set a goal of making 50% of all health systems age-friendly within the next five years. A critical piece of this goal is establishing age-friendly Emergency Rooms that are better equipped to provide care to aging New Yorkers with cognitive and other physical disabilities. Another focus is on supportive ambulatory care that helps older New Yorkers maintain independent living.

New York's Age-Friendly efforts coincide with the goals of the newly launched Health Across All Policies initiative. Together, these commitments will result in healthier, more livable communities for people of all ages and enable more New Yorkers to age comfortably in their homes.

Improving Health and Wellness in Brooklyn

Central Brooklyn is one of New York State's most vulnerable areas when it comes to public health, with measurably higher rates of obesity, Type 2 diabetes, and high blood pressure; limited access to healthy foods or opportunities for physical activity; and inadequate access to quality healthcare and mental health services.

The Vital Brooklyn initiative addresses health and wellbeing through eight integrated areas: Open Space and Recreation, Healthy Food, Education, Economic Empowerment, Community-Based Violence Prevention, Community-Based Healthcare, Affordable Housing, and Resiliency. The Community-Based Healthcare component is establishing new healthcare facilities in Central Brooklyn communities, investing in physical and clinical expansion of eligible hospitals, and increasing residents' access to primary care providers and specialists.

To supplement Vital Brooklyn, Governor Cuomo allocated more than \$660 million in funding to One Brooklyn Health, a unified healthcare system that is strengthening local healthcare facilities and increasing access to quality services and preventive care. The funds expand and integrate existing ambulatory care services at approximately 30 Brooklyn sites, modernize infrastructure at three hospitals, and create a health information technology platform to improve care coordination and delivery.

These investments are providing historically underserved communities in Central Brooklyn with a sustainable, unified system of healthcare to bring good health and wellness within everyone's reach.

Improving the Delivery of Care

Working Better and Smarter for All New Yorkers

The successful management and regulation of our statewide health system is a critical factor in ensuring public health. Extending health insurance coverage to all New Yorkers and improving Medicaid efficiency and reimbursement to providers helps create a sustainable healthcare system. Also important are facility and EMS regulation and surveillance and caring for those in Department-operated facilities – Helen Hayes Hospital in West Haverstraw and four veterans’ hospitals across the State.

Through the interrelated work of the New York State of Health insurance marketplace, the Office of Health Insurance Programs’ Medicaid Redesign Team, the State Innovation Model, the Regulatory Modernization Initiative, and the Delivery System Reform Incentive Payment Program, New York State is breaking down service silos and fostering collaboration between healthcare providers. And the regulatory oversight of the Office of Primary Care and Health Systems Management ensures New Yorkers’ access to safe, high-quality, affordable, and equitable healthcare services.

By prioritizing ongoing coordinated efforts to improve our health system, New York State leads the nation in transforming healthcare delivery for the twenty-first century.

Safeguarding Healthcare for All New Yorkers

Midway through 2017, New York State hit a milestone: the CDC reported that the percentage of New Yorkers who are uninsured dropped to 4.7%, the lowest level ever reported in the State. In 2017, over 3.6 million New Yorkers were enrolled in comprehensive healthcare coverage through the New York State of Health insurance marketplace, and most received financial assistance to help pay for coverage.

The New York State of Health was launched in 2013 to reduce the number of uninsured New Yorkers and ensure that residents would have continued access to essential health benefits and reproductive health services regardless of attempts at the federal level to take these protections away.

In 2017, we saw a 39% increase in enrollment in both the Qualified Health Plans offered on the New York State of Health Marketplace and the Essential Plan, which provides lower-income individuals with comprehensive benefits with low or no premium, no annual deductibles, free preventive care, and low co-payments. We also increased efforts to reach the State's non-English speakers in 2017 through English, Spanish, and Mandarin advertising and participation in nearly 1,600 community outreach and education events. The Customer Service Center assisted consumers by phone in 108 different languages.

Getting the Best Out of Primary Care

We know that high-performing primary care for New Yorkers will improve healthcare outcomes and population health while reducing healthcare costs.

Supported by a \$100 million award from the Center for Medicare and Medicaid Innovation, the State Innovation Model (SIM) helps primary care practices across New York State increase access to patient-centered care, improve clinical performance, better manage the complex care of vulnerable patients, make more effective use of health information technology, and add value-based payment capabilities.

The SIM goal is for 80% of New Yorkers to have access to high quality, coordinated care that improves population health in a cost-effective manner. Primary care practices enrolled in SIM receive up to 24 months of support by practice transformation agents.

In 2017, 15 SIM practice transformation agents engaged practices across eight New York State regions, with 548 practices enrolled and 952 practices either in discussion or preparing to enroll. Also in 2017, four regional committees convened meetings between payers and providers to develop multi-payer payment models for their respective region.



Streamlining Regulation for Greater Efficiency

In 2017, the Department launched a major overhaul of the policies and regulations that govern the licensure and oversight of healthcare facilities. Through the Regulatory Modernization Initiative (RMI), the Department convened six workgroups to solicit recommendations from healthcare providers, consumers, and payers to streamline and improve policies, regulations, and statutes. The workgroups included Integrated Primary Care and Behavioral Health, Telehealth, Post-Acute Care Management Models, Long-Term Care Needs Methodologies, Cardiac Services, and Off-Campus Emergency Departments.

This initiative has led to significant changes in the way healthcare facilities are regulated by the State. We have expanded the range of locations from which telehealth encounters can originate; we created a Limited Integrated License that will make it easier for medical, mental health, and substance use disorder services to be provided in a single clinic; we introduced innovative new models for providing home healthcare services following discharge from a hospital; and we increased access to high-quality interventional cardiac services.

Expanding Provider Networks

The Delivery System Reform Incentive Payment (DSRIP) Program provides funding to New York State hospitals, community providers, and community-based organizations (CBOs) to better serve economically disadvantaged

communities and reduce the health disparities that cannot be addressed with medical care alone.

DSRIP and its 25 Performing Provider Systems handily passed its first federal test of the program on four key statewide performance measures in 2017: statewide metrics performance, success of statewide projects, total Medicaid spending, and Managed Care plan expenditures. DSRIP also continued making progress toward the program's goal of reducing avoidable hospital use by 25%, achieving an overall reduction of 15.2% since 2014.

Protecting Our State's Most Vulnerable

In August, the Department's Office of Health Insurance Programs (OHIP) convened The First 1,000 Days on Medicaid work group, which brought together cross-sector stakeholders from healthcare, early childhood, and education to identify opportunities to improve outcomes for children ages 0 to 3. The work group developed a ten-initiative agenda to better serve children and families covered by Medicaid. Five of the ten initiatives include a variety of pilot interventions designed to support children and families covered by Medicaid.

As of 2017, OHIP's Medicaid Redesign Team (MRT) Supportive Housing Program invested more than \$650 million in housing projects statewide, providing Medicaid members with rental subsidies and piloting programs that test innovative ways to deliver care. Such investments can significantly reduce healthcare costs – hospital inpatient stays by 40%, emergency department visits by 26%, and overall Medicaid expenditures by 15%.



Appendix A:

About the Department

Governance

The New York State Department of Health's broad responsibilities are established in the state's Public Health Law (PHL). These responsibilities include overseeing reporting and control of disease, maintaining vital records, and promoting the prevention of disease. The PHL also establishes the authority of the Commissioner of Health of the State of New York, who is charged with, among other things, investigating epidemics and causes of disease, enforcing PHL, and supervising the work of local boards of health and health officers. The powers and duties of the Department and Commissioner are set forth in PHL § 201 and 206, respectively.

The New York State Public Health and Health Planning Council (PHHPC) is comprised of the Commissioner and 24 members appointed by the Governor, and it possesses advisory and decision making authority with respect to New York State's public health and healthcare delivery system. PHHPC is charged with adopting and amending the Sanitary Code and the regulations that govern healthcare facilities, home care agencies, and hospice programs. The PHHPC makes recommendations to the Commissioner concerning major construction projects, service changes, and equipment acquisitions relating to healthcare facilities and home care agencies. The PHHPC also advises the Commissioner on issues related to the general preservation and improvement of public health. The PHHPC's powers and duties are set forth in PHL § 225. Current members of the Council and committee membership can be found at: health.ny.gov/facilities/public_health_and_health_planning_council/

Programs and Services

The Department has provided public health services for over 100 years, and administers a wide range of public health programs, directly or through contracts, that address disease prevention and control, environmental health protection, promotion of healthy lifestyles, and emergency preparedness and response. The Department also regulates and conducts healthcare surveillance in hospitals, home care agencies, nursing homes, and other categories of healthcare providers throughout the state; conducts research, and maintains diagnostic and reference laboratories at the Wadsworth Center; manages the Medicaid program; administers New York's Health Exchange; and operates five healthcare institutions.

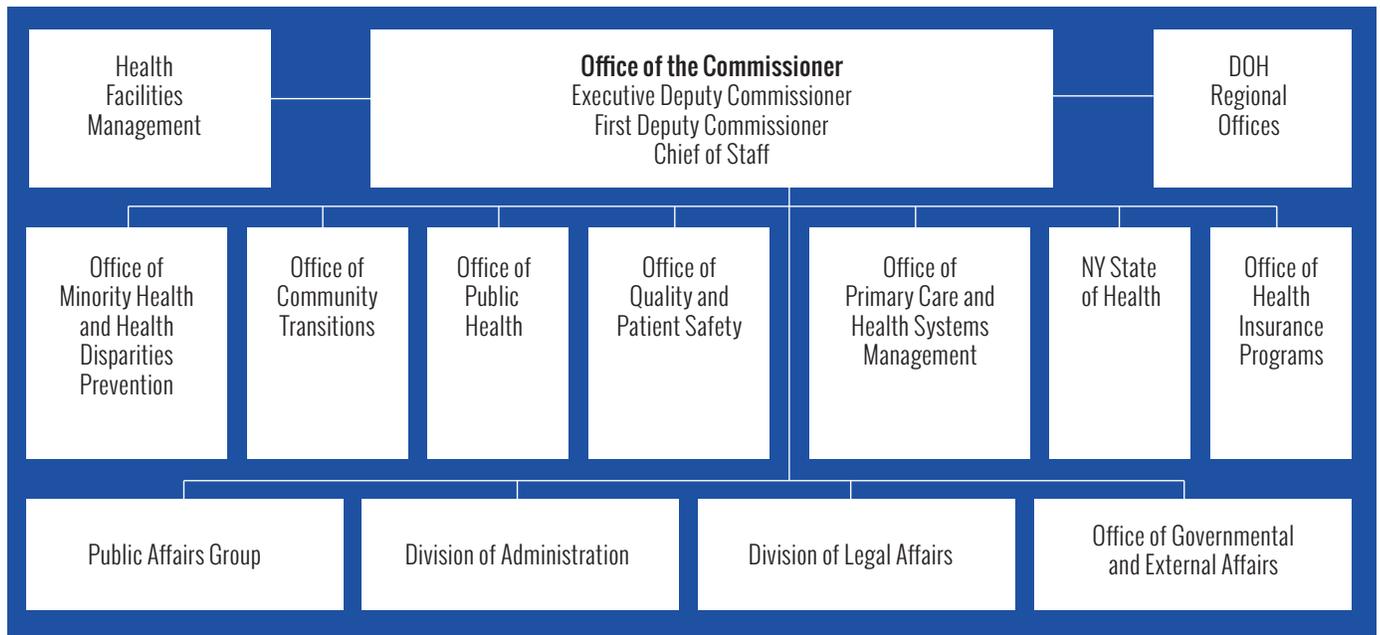
Resources

In 2017, the Department employed 3,269 people in its central office, three regional offices, three field offices, and nine district health offices across the state; an additional 1,418 worked in the five Department-operated healthcare institutions. In the 2017-18 fiscal year, the Department's appropriations totaled \$77.6 billion. Of this, approximately \$67 billion was the Medicaid one-year value of a two-year appropriation, \$10.5 billion supported public health initiatives, and \$161 million was allocated to institutions operated by the Department.

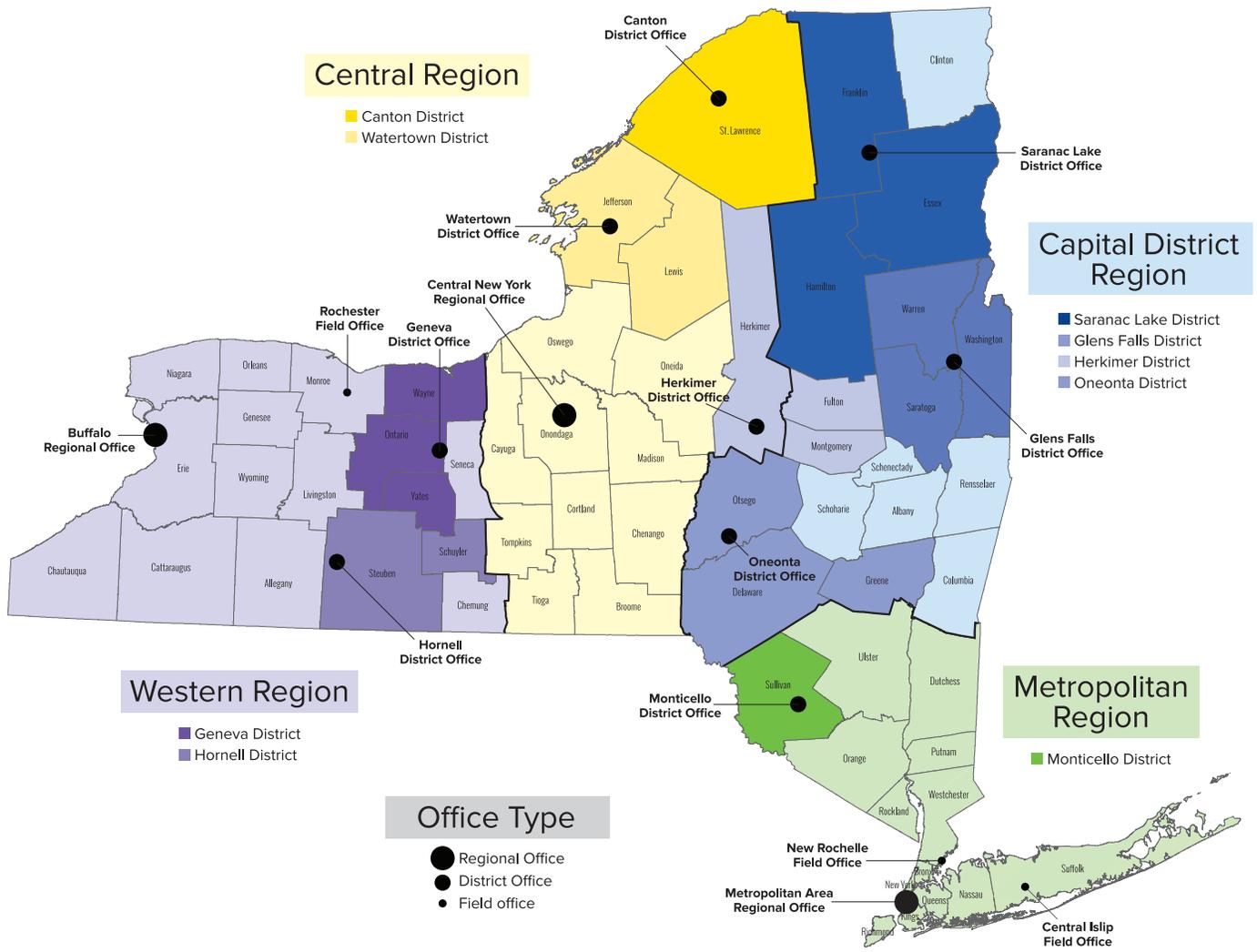
Local Health Departments

In New York State, 57 county health departments and the New York City Department of Health and Mental Hygiene provide public health services at the local level. New York is one of 27 states where the provision of public health services is decentralized, meaning local health departments operate under the administrative authority of local governments. However, the Department provides environmental health services in 21 counties where local health departments do not have this capacity. While federal and state public health statutes and regulations guide the process, each local health department addresses the needs of its own community.

Appendix B: Organizational Chart



Appendix C: Regional, District, and Field Offices



Appendix D: Publications

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